MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/739,584 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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50						
TOTAL IND.	2	⬇		⬇		⬇
TOTAL DEP.	36					
TOTAL CLAIMS	38	[redacted]		[redacted]		[redacted]

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.						
TOTAL CLAIMS		[redacted]		[redacted]		[redacted]

* *MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS*